



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE  
COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

FILED  
07 SEP 14 PM 3:03  
CLERK  
MICHIGAN

<p>1. Committee I.D. Number <b>137957</b></p>		<p>3. This Statement covers From <b>7-23-07</b> to <b>8-27-07</b></p>	
<p>2. Committee Name <b>CTE CHRISTINE CIARAMITARO WARREN CITY COUNCIL</b></p>		<p>4. Candidate Last Name First Name M.I. <b>CIARAMITARO Christine M.</b></p> <p>4a. Office Sought Including District # or Community Served (If applicable) <b>WARREN CITY COUNCIL</b></p> <p>4b. County of Residence <b>MACOMB</b></p>	
<p>5. Committee's Mailing Address <b>8663 Chicago Rd. WARREN, MI 48093 586-826-3527</b></p> <p>Area Code and Phone <b>586-826-3527</b></p> <p>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</p>		<p>6. Treasurer's Name &amp; Residential Address <b>GASPER CIARAMITARO SAME</b></p> <p>Area Code &amp; Phone <b>SAME</b></p>	
<p>7. Treasurer's Business Address <b>SAME</b></p> <p>Area Code and Phone _____</p>		<p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)</p> <p>Area Code and Phone _____</p>	
<p>9. TYPE OF STATEMENT</p> <p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Convention <input type="checkbox"/> School  <input type="checkbox"/> Special <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus _____</p>		<p>9c. <input type="checkbox"/> Annual Statement ( _____ Coverage Year)</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)</p> <p>9e. <input type="checkbox"/> Dissolution of Candidate Committee</p> <p>Effective Date of Dissolution _____</p> <p>By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>	
<p>A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in Items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.</p>			
<p>10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.</p>			
<p>Current Treasurer or Designated Record keeper <b>GASPER CIARAMITARO</b> Type or Print Name</p>		<p><b>Gasper Ciaramitaro</b> Signature</p>	
<p><b>9-14-07</b> Date</p>		<p><b>9-14-07</b> Date</p>	
<p>Candidate <b>CHRISTINE CIARAMITARO</b> Type or Print Name</p>		<p><b>Christine Ciaramitaro</b> Signature</p>	
<p><b>09.14.07</b> Date</p>		<p><b>09.14.07</b> Date</p>	

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number

137957

2. Committee Name

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	Ø	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$		(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$		(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	Ø	(20.) \$
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	797.65	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$		(22.) \$
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	Ø	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$		
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$		
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$		(23.) \$
<b>INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)</b>			
<b>10. Disbursements</b>			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$		
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$		(24.) \$
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$		
b. Owed to the Committee (Schedule 1E)	(12b.) \$		
<b>BALANCE STATEMENT</b>			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	Ø	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	Ø	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	Ø	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	Ø	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	Ø	



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## ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number

137957

## CANDIDATE COMMITTEE

2. Committee Name

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
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Contribution # 1 PAC Receipt? ☐ Yes

Name &amp; Address:

Christine Ciaramitaro

If over \$100.00 cumulative, please provide:  
Occupation:

Employer Name &amp; Business Address:

4. ☐ Endorsement or Guarantee of Bank Loan☐ Goods Donated or Loaned ☐ Services Donated☒ Goods or Services Purchased by Candidate or Others☐ Goods or Services Purchased by Candidate or Others- LOAN

Description

5. Date Of Receipt:

8-11-07

6. Vendor Name &amp; Address:

Mastercard

\$ 797.65

(SEE MEMO  
item below)  
Click for Memo Itemization Type☐ Fund Raiser ContributionContribution # 2 PAC Receipt? ☐ Yes

Name &amp; Address:

Mastercard

If over \$100.00 cumulative, please provide:  
Occupation:

Employer Name &amp; Address:

4. ☐ Endorsement or Guarantee of Bank Loan☐ Goods Donated or Loaned ☐ Services Donated☒ Goods or Services Purchased by Candidate or Others☐ Goods or Services Purchased by Candidate or Others- LOAN

Description

5. Date Of Receipt:

8-11-07

6. Vendor Name &amp; Address:

SAWICKI &amp; SONS

(\$ 797.65)

Click for Memo Itemization Type

☐ Fund Raiser ContributionContribution #3 PAC Receipt? ☐ Yes

Name &amp; Address:

If over \$100.00 cumulative, please provide:

Occupation:

Employer Name &amp; Address:

4. ☐ Endorsement or Guarantee of Bank Loan☐ Goods Donated or Loaned ☐ Services Donated☐ Goods or Services Purchased by Candidate or Others☐ Goods or Services Purchased by Candidate or Others- LOAN

Description

5. Date Of Receipt:

6. Vendor Name &amp; Address:

Click for Memo Itemization Type

☐ Fund Raiser Contribution

Page Subtotal

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)Enter this total  
on line 6 of  
Summary